PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/049,502

CLAMAC ACEUED TATE											<u> </u>		
CLAIMS AS FILED - PART I								SMALL ENTITY			OTHE	RTHAN	
TOTAL CLAIMS			Colur	(Column 1)		(Column 2)		TYPE		OF			
FOR			_			·		RATE	FEE	_]	RATÉ	FEE	
			NUMBE	NUMBER FILED .		NUMBER EXTRA		BASIC F	EE 385.0	0 OF	BASIC FE	E 770.00	
TOTAL CHARGEABLE CLAIMS			<u> </u>	minus 20≃		*		X\$ 9≈		OF	X\$18=		
INDEPENDENT CLAIMS				minus 3 =				X43=		OF	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
М	JLTIPLE DEPE	ENDENT CLAIM	PRESENT					. 1 45	- 	-	`		
* 1	the differenc	e in column 1 i	s less than	zero, enter	"0" in	column 2	ا ا	+145=	-	OF		ļ	
		CLAIMS AS						TOTAL	L	OR	TOTAL		
	77	(Column 1)		(Column 2) (Column 3)				SMALL	. ENTITY	OR		R THAN ENTITY	
	Filed	CLAIMS		HIGHE			٦r		1	¬			
AMENDMENT A	12/17/04	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
NON	Total	. 25	Minus	-2C)	= 5		25 X\$.8=	125	OR	X\$18=	FEE	
AME	Independent	1. 9	Minus	****3		= 6	-	100	160		X86=		
•	FIRST PRESI	ENTATION OF M	IULTIPLE DE	PENDENT CLAIM			-		7200	OR	7.00-	·	
	• •						L	+145=		OR	+290=	1	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)	•	(Colum	n 2)	(Column 3)	, , ,		\	-	AUDII. FEE		
<u>в</u>		CLAIMS		HIGHE	ST		Г		ADDI	1 1			
		REMAINING AFTER	361.525	NUMBI PREVIOL		PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
ME		AMENDMENT	ļ ·	PAID F			_		FEE		DATE	FEE	
AMENDMENT	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
¥	Independent	NTATION OF M	Minus	***				X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										Ŭ'``			
					•			+145=		OR	+290=	•	
							ΑĐ	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE		
		(Column 1)	· .	(Column		(Column 3)							
د	`	CLAIMS REMAINING		HIGHES					ADDI-	г		455	
=		AFTER		NUMBE PREVIOU		PRESENT EXTRA	. ,	RATE	TIONAL		RATE	ADDI- TIONAL	
┊┝		AMENDMENT	·	PAID FO	P				FEE	ı	MAIL	FEE	
-	otal	*	Minus	**		=	;	K\$ 9=		OR	X\$18=	, , ,	
	ndependent	*	Minus	***		= 149	+	 X43=		<u> </u>	X86=	0 6	
	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR _	700=		
it the entry in column 1 is less than the entry in column 2, write 10° in column 3										OR	+290=		
The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20													
Th	e "Highest Numb	noer Previously Pa per Previously Paid	ia For" IN THIS "For" (Total or	5 SPACE is le Independent)	ss than is the h	3, enter *3.* nighest number f				AL.	DDIT. FEE L		